

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001995

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 621

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

60yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY OR TOWN

Kansas City North

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

General Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3506 E. 85th Terr. No.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Jake

Middle C.

Last Schafer

4. DATE OF DEATH

Month

Day

Year

2 - 1 - 62

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-24-1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

10b. KIND OF BUSINESS OR INDUSTRY

County

11. BIRTHPLACE (City and state or country)

Marion Co. Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jake Schafer

13b. MOTHER'S MAIDEN NAME

Katy (Unknown)

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes ☐ No ☒ or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John Schafer 8430 North Bailes

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic carcinoma & widespread metastasis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-29-62 to 2-1-62 and last saw him alive on 2-1-62
Death occurred at 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. Frank Ellis

(Degree or title)

22b. ADDRESS

2408 Cherry

22c. DATE SIGNED

2-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-3-1962

23c. NAME OF CEMETERY OR CREMATORY

Mound Grove Cemetery

23d. LOCATION (City, town, or county)

Independence Missouri

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar 3325 Vivion Rd.

25. DATE RECD. BY LOCAL REG.

2-2-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. H. Healy

Licensed Embalmer No. 5038

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.